

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M G		6/23/00
O.I.P.E. CLASSIFIER	F G W	11	10-70-11
FORMALITY REVIEW	2 H	60105	8-29-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/23/00
2	✓	✓	6/23/00
3	✓	✓	6/23/00
4	✓	✓	6/23/00
5	✓	✓	6/23/00
6	✓	✓	6/23/00
7	✓	✓	6/23/00
8	✓	✓	6/23/00
9	✓	✓	6/23/00
10	✓	✓	6/23/00
11	✓	✓	6/23/00
12	✓	✓	6/23/00
13	✓	✓	6/23/00
14	✓	✓	6/23/00
15	✓	✓	6/23/00
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42	✓	✓	6/23/00
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44	✓	✓	6/23/00
45	✓	✓	6/23/00
46	✓	✓	6/23/00
47	✓	✓	6/23/00
48	✓	✓	6/23/00
49	✓	✓	6/23/00
50	✓	✓	6/23/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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